

Ellicott Mills Middle School

4445 Montgomery Road Ellicott City, Maryland 21043 (410) 313-2839 FAX (410) 313-2845



January 30, 2009

Dear Parent/Guardian:

This year's Howard County Middle School Band Assessment will be held at Hammond High School on March 10th and 11th. This year, the Ellicott Mills Middle School Symphonic Band is scheduled to perform on **Wednesday, March 11th at 7:30 p.m.** Parents are welcome and encouraged to attend this event. There is no cost for admission. Please make note of the itinerary shown at below. **Please note that attendance for this event is mandatory.** Your child will need to arrive at Ellicott Mills Middle School in concert clothing at 5:15 p.m. in order to put on bow ties and to make sure that everything is ready to go.

The EMMS Symphonic Band will arrive at Hammond High School in time to hear one other Middle School band, warm-up at 7:00 p.m., perform our prepared pieces at 7:30 p.m., and sight read at 8:00 p.m.

The school system provides bus transportation both to and from this event. If necessary, you may transport your student after our sight-reading performance is concluded. If you will need to pick your child up at Hammond High School, please provide a note explaining the nature of that need and attach it to the Permission Slip. The Permission Slip and health and emergency forms are to be returned immediately.

Please sign and return the attached Permission Slip and Health and Emergency forms to Dr. Roberts no later than February 15, 2008. Please indicate if you are available to chaperone. We will need six parents to ride busses. Thank you for continued support of your child's musical education.

Sincerely,

Richard Roberts, director

Wednesday, March 11, 2009

5:15 pm	Students report to EMMS in concert attire
5:30 pm	Board busses
5:45 pm	Busses leave EMMS
6:10 pm	Band arrives at Hammond High School, leaves instruments and coats in storage area
6:30 pm	Band will listen to performance by Mayfield Woods Middle School
7:00 pm	Band moves to the Warm-Up Room
7:15 pm	Percussion Section moves to the Stage
7:25 pm	Winds move to the stage
7:30 pm	Band performs three selections (one warm-up; two adjudicated)
8:00 pm	Band moves to sight-reading room
8:25 pm	Band returns to designated storage area to pick-up instruments
8:30 pm	Band boards busses and returns to EMMS
8:45 pm	Band arrives at EMMS

PERMISSION FOR STUDENT FIELD TRIP

Howard County Public School System

THE HOWARD COUNTY PUBLIC SCHOOL SYSTEM RESERVES THE RIGHT TO CANCEL A TRIP AT ANY TIME IN ORDER TO ENSURE THE SAFETY OF BOTH STUDENTS AND STAFF MEMBERS. IF SUCH A CANCELLATION OCCURS, THE SCHOOL SYSTEM IS NOT RESPONSIBLE FOR ANY FINANCIAL LOSS INCURRED BY THE PARENT.

SCHOOL: **ELLCOTT MILLS MIDDLE SCHOOL**

DATE: **January 30, 2009**

Dear Parents:

The following field trip has been arranged to complement the instructional program. This trip has been approved according to Board of Education Policy and guidelines established by the Superintendent of Schools, and all appropriate school system policies and school rules are in effect for the duration of the trip. If you have any questions, please feel free to contact the teacher-in-charge at 410-313-2839.

Please complete the bottom portion of this form, **detach** and return with cash or check (made payable to EMMS) to cover the cost per student, and return to **Dr. Roberts by Tuesday, March 3, 2009.**

Destination: **Hammond High School**

Objective of Trip: **To participate in the Howard County Middle School Band Adjudication**

Class/Group: **EMMS/Symphonic Band**

Cost per Student: **\$ 0**

Departure Date: **Wed., March 11, 2009** Time: **5:15 pm** Student Day Extended Day Overnight Non School Day

Return Date: **Wed., March 11, 2009** Time: **8:45 pm**

If students will not be returning from this field trip within the defined student day, the parent(s) should make arrangements to pick up the student at the school within 15 minutes of return.

Bus Company: **Bowen's Bus Service**

Total Number of Students: **90** Anticipated Ratio of Chaperones to Students: **1:15**

Meal Arrangements: **none**

Appropriate Attire: **Concert clothing**

There may be a separate attachment detailing the itinerary, special clothing or cash requirements, and any additional rules or procedures. Please contact the Teacher-In-Charge as soon as possible if you have any special needs regarding this trip.

Alternative plans in case of postponement/cancellation: **None**

TEACHER-IN-CHARGE: Dr. Rich Roberts

If you are available to chaperone, please indicate your interest on the form below, and review the description of duties and responsibilities on the reverse of this form. Unless otherwise indicated, you will be contacted directly if your services are needed.

IMPORTANT! PLEASE KEEP ABOVE INFORMATION FOR YOUR RECORDS.

Please cut, detach, and return this portion to Dr. Roberts by March 3, 2009.

I GRANT PERMISSION FOR _____ TO GO TO _____
ON _____. I RECOGNIZE THAT THE HOWARD COUNTY

PUBLIC SCHOOL SYSTEM CANNOT BE HELD RESPONSIBLE FOR CONDITIONS BEYOND THEIR CONTROL.

SIGNATURE: _____ DATE: _____ PHONE: _____

_____ I AM AVAILABLE TO CHAPERONE AND ACCEPT THE DUTIES AND RESPONSIBILITIES OF THE POSITION AS NOTED ON THE BACK OF THIS FORM. *You will be contacted directly if your services are needed.*

NAME OF CHAPERONE VOLUNTEER (PLEASE PRINT): _____

Office Use Only: Dated Rec'd. _____ Cash _____ Check# _____ Amount _____

**EXTENDED DAY AND OVERNIGHT FIELD TRIP AND FOREIGN TRAVEL
MEDICATION/TREATMENT ORDER**

**MUST BE COMPLETED BY AUTHORIZED HEALTH CARE PROVIDER
ONLY IF MEDICATIONS/TREATMENTS ARE REQUIRED ON TRIP**

Dear Health Care Provider:

Your patient will be participating in an approved trip to *Hammond High School for the Howard County Middle School Band Adjudication* from 5:30 pm to 8:45 pm on Wednesday, March 11, 2009. There will not be a school nurse in attendance on this trip. If you have any concerns about your patient's health needs on this trip, please contact the nurse at 410-313-2839. **Please indicate below any treatment/prescription and/or over-the-counter medications that your patient is currently taking and will need to continue to take while on the trip. This form must be returned by Tuesday, March 3, 2009 to provide for planning and staff training.**

Student's Name

Date of Birth

No medication/treatment can be administered without physician authorization.

To be completed by the Physician

Medication/Treatment	Dosage/Frequency of Administration	Circumstances/symptoms for administration	Diagnosis	Student may carry & self-administer medication. (please check)

Health Care Provider Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

MEDICATION MUST BE PROVIDED FROM HOME.

To be completed by designated school personnel

Medication/Treatment	Date/Time Medication Given	Date/Time Medication Given	Date/Time Medication Given	Signature of Designated School Personnel